

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34	1					
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		2				
42	1					
43		①				
44		②				
45						
46	1					
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	14					
TOTAL CLAIMS	20					

3
14
40
57

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						